

1. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each child must be indicated in the margin of the return.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

12701
509
State File No. _____
Registered No. _____

1. PLACE OF BIRTH

County Gila State _____

District or Township _____ or Village _____

City Rayden Jch. No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lilly Catharine Reelley (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? Yes 7. Date of birth Nov 11 1927
Month Day Year

8. FATHER Full name John Martin Reelley 14. MOTHER Full maiden name Louise Fortell

9. Residence (Usual place of abode) Rayden Jch. 15. Residence (Usual place of abode) Rayden Jch.
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 26 (Years) 16. Color or race White 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Rayden Jch. 18. Birthplace (city or place) Ranger
(State or country) Utah (State or country) Tex

13. Occupation Piction Foreman 19. Occupation House Wife
Nature of industry

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Charles H. Hunsford (Physician or Midwife)

Given name added from _____ Address _____
Month, day, year

Filed Dec 1, 1927 C. H. Wiley
Registrar

398-1111-363